

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1							51		
2							52		
3							53		
4							54		
5							55		
6			1				56		
7				1			57		
8				1			58		
9				1			59		
10			1				60		
11			1				61		
12				1			62		
13				1			63		
14			1				64		
15				1			65		
16				1			66		
17				1			67		
18				1			68		
19				1			69		
20				1			70		
21				1			71		
22				1			72		
23				1			73		
24				1			74		
25				1			75		
26				1			76		
27				1			77		
28				1			78		
29				1			79		
30				1			80		
31				1			81		
32				1			82		
33				1			83		
34				1			84		
35				1			85		
36				1			86		
37				1			87		
38				1			88		
39				1			89		
40				1			90		
41				1			91		
42				1			92		
43				1			93		
44				1			94		
45				1			95		
46				1			96		
47				1			97		
48				1			98		
49				1			99		
50				1			100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		